

## Appendix e-1.

Fatigue Assessment Instrument (FAI): the FAI was developed in order to assess fatigue across a range of medical conditions and has been validated in different diagnoses. It has four sub-scores: severity, specificity, consequences of fatigue and responsiveness to rest/sleep. The FAI severity score was selected as our outcome measure. It has indeed been shown to be reliable in distinguishing patients from controls; 81.3% of all the medical patients (Lyme disease, chronic fatigue syndrome, systemic lupus erythematosus, multiple sclerosis, affective disorders) scoring 4 or above and 89.2% of healthy subjects scoring less than 4<sup>14</sup>. In a previous study<sup>21</sup>, severity scores were > 4 in nearly one third of non-disabling stroke patients. Thus, we retained a cut-off of 4 in selecting a patient with a severe fatigue syndrome. A clinician-neurologist (JMA) carried out the standard general neurological assessment, including NIHSS and any history of sleep apnea. Patients with sleep disorders verified by formal sleep assessment were excluded.

The fatigue severity score of the Fatigue Assessment Instrument (FAI): The fatigue severity score is the mean of 11 items among the 29 constituting the FAI, quoted between 1 and 7 by the patient, 1 representing a total disagreement and 7 representing a total agreement with the written statements. (A sample of questions is shown in the table below)

Exercise brings on my fatigue
I am easily fatigued
Fatigue interferes with my physical functioning
Fatigue causes frequent problems for me
My fatigue prevents sustained physical functioning
Fatigue interferes with carrying out certain duties and responsibilities

Fatigue is my most disabling symptom
Fatigue is among my 3 most disabling symptoms
Fatigue interferes with my work, family, or social life
Fatigue makes other symptoms worse
Fatigue that I now experience is different in quality or severity than the fatigue I experienced before I developed this condition.

## e-References

- e1. Godefroy O, Fickl A, Roussel M, et al. Is the Montreal Cognitive Assessment superior to the Mini-Mental State Examination to detect poststroke cognitive impairment? A study with neuropsychological evaluation. *Stroke* 2011;42:1712-1716.
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- e3. Schuitemaker G, Dinant G, van der Pol G, Appels A. Vital exhaustion as a risk indicator for first stroke. *Psychosomatics* 2004;45:114-118.